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Bib Data Sheet

CONFIRMATION NO. 8633

SERIAL NUMBER 10/795,970	FILING DATE 03/08/2004  RULE	CLASS 604	GROUP ART UNIT 3767	ATTORNEY DOCKET NO. 4171/8/1
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## APPLICANTS

Michael Conte, Milltown, NJ;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/452,981 03/07/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 05/26/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 8	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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## TITLE

Safety syringe with cap holding device

FILING FEE  RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
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		<input type="checkbox"/> 1.18 Fees ( Issue )